

ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR MEDICAL THERAPY PARTICLE ACCELERATOR SOURCE OF RADIATION \$1Mev

FACILITY NAME _____

* REGISTRATION # (if available)

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* DATE

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CLASSIFICATION OF PROFESSIONAL IN CHARGE OF MACHINE

General Practitioner _____

Health Physicist _____

Registered X-Ray Technologist _____

Radiologist _____

Non-Registered X-Ray Tech. _____

Osteopath _____

Other _____

PARTICLE ACCELERATOR INFORMATION

Betatron _____

Cyclotron _____

Van de Graff _____

Other Medical therapy _____

EQUIPMENT

MANUFACTURER / MODEL NO.

SERIAL NO.

MAX. Mev

MAX. MA.

PHYSICAL LOCATION

Photons _____

Electrons _____

Neutrons _____

SHIELDING INFORMATION

(Use additional pages if necessary)

INSTRUCTIONS

1. Please provide a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations shall meet the requirements specified in R12-1-603.C.2. For your assistance Regulatory Guide 11.5 is available to guide you in supplying these items. You may wish to submit the consultant design report for the facility instead.
2. Please provide the specific instructions including any restrictions provided to the equipment operators. Regulatory Guide 11.5 will assist you in completing this portion of the application.
3. Please note that R12-1-612. B. And C. requires each registrant to maintain for each particle accelerator:
 - a. Prior to initiating treatment, a radiation protection survey of the facility is made and the record retained. A copy must be provided to the Agency;
 - b. A record of the calibrations of the Unit;
 - c. A record of the monthly spot checks must be maintained.

RETAIN A COPY FOR YOUR RECORDS